

BALTIMORE CITY HEALTH DEPARTMENT
BUREAU OF VITAL RECORDS

EXHIBIT IX

ORDER NO. 8942

BOOK

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 12512

1. NAME OF DECEASED (Type or Print) **Edith Gertrude Burrier**

2. DATE OF DEATH **3-13-61**

3. PLACE OF DEATH IN BALTIMORE, MARYLAND
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Johns Hopkins Hospital**

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE **Maryland**
B. COUNTY **Carroll**
C. CITY OR TOWN (If outside city limits, write RURAL and give township) **Rural Mt. Airy**
D. STREET ADDRESS (If rural, give location) **Route 1 56-00**

5. SEX **Female**

6. COLOR OR RACE **White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Widow**

8. DATE OF BIRTH **3-12-81**

9. AGE (In years last birthday) **80**

10. Under 1 Yr. If Under 24 M. Months Days Hours Mins

10.A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**

10b. KIND OF BUSINESS OR INDUSTRY **Domestic**

11. BIRTHPLACE (State or foreign country) **MARYLAND**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13. FATHER'S NAME **Adam Garner**

14. MOTHER'S MAIDEN NAME **Gusette Reinhort**

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT **Hospital Records - Baltimore**

18. **433.1 and 153.8**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g. heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)
CAUSE OF DEATH
(A) **ASCD**
(B) **Myocardial infarction; ventricular tachycardia**
(C) **Hyperthyroidism & Cerebral embolism**
INTERVAL BETWEEN ONSET AND DEATH **22 days**

19. ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

21. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from **7 March 1961** that (I) (we) last saw the deceased alive on **5 March 1961** and that in (my) (our) opinion death occurred at **5:20 a.m.** from the causes and on the date stated above.

23a. SIGNATURE **William H. Hall** M.D.

23b. ADDRESS **JHH**

23c. DATE SIGNED **13 March '61**

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE **17-61**

24c. NAME OF CEMETERY OR CREMATORY **Frederick Memorial Park**

24d. LOCATION (City, town, or county) (State) **Frederick, Maryland**

25a. DATE REC'D BY HEALTH DEPT. **MAR 15 1961**

25b. NAME OF REGISTRAR **Robert E. Faiber**

25c. FUNERAL DIRECTOR **Carl W. Wertz Winfield, Md.**

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THIS IS A PERMANENT RECORD.
EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED.
PLEASE WRITE THE CAUSES OF DEATH CLEARLY AND LEGIBLY.

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE COPY OF A CERTIFICATE ON FILE
IN THE BALTIMORE CITY HEALTH DEPARTMENT, BALTIMORE, MARYLAND.

WARNING: DO NOT ACCEPT THIS TRANSCRIPT UNLESS THE OFFICIAL DEPARTMENTAL SEAL
IS AFFIXED HEREON. PLEASE NOTE SEAL IS IN BLUE

IT IS ILLEGAL TO DUPLICATE THIS COPY BY PHOTOSTAT OR PHOTOGRAPH

Sidney Wharton

Robert E. Faiber, M.D.

COMMISSIONER OF HEALTH AND REGISTRAR